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Job Application

Position Applied For: _____ Date: _____

Name: _____

Phone: _____ Email Address: _____

Mailing Address: _____
Address City State Zip Code

Who referred you to Ewing Trucking & Construction? _____

Employment History

Please fill out your work history as complete as possible. Begin with the most recent relevant position held and explain any large time gap missing from the industry. **CDL Drivers must provide a minimum of 10 years driving experience, if applicable. Use additional sheets as needed.**

Employer: _____

Address: _____

Supervisor /Office Contact: _____

Email: _____ Phone: _____

Start Date: _____ End Date: _____

Duties/Equipment Operated: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Supervisor /Office Contact: _____

Email: _____ Phone: _____

Start Date: _____ End Date: _____

Duties/Equipment Operated: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Supervisor /Office Contact: _____

Email: _____ Phone: _____

Start Date: _____ End Date: _____

Duties/Equipment Operated: _____

Reason for Leaving: _____

Additional Education, Training, Certifications and Work Experience: _____

Personal Statement

Please help us get to know you better by answering the following questions to the best of your ability.

1. Do you have any friends or relatives working for this organization? If so, please list them below.

2. If your job duties require you to operate a motor vehicle and or construction machinery, are you able to? Yes _____ No _____

a. If yes provide a valid driver's license? License #: _____ State: _____

b. Has your license ever been suspended? Yes _____ No _____

If yes, give details _____

3. Have you ever been found guilty of any law violations other than parking tickets? Yes ___ No ___

4. Are you currently employed? Yes _____ No _____

a. If so, may we contact your present employer now regarding your qualifications and character? Yes _____ No _____

5. Have you been fired from any job in the last 5 years? Yes ___ No ___

Please use the lines below for any explanations:

Experience Evaluation

Please check the column that closest describes your experience in the listed fields.

	NO EXPERIENCE	SOME EXPERIENCE	EXPERT EXPERIENCE	COMMENTS
Reading/Understanding plans				
Checking grades				
GPS Software				
Operating the following equipment:				
Mini-Excavators				
Large Excavators				
Skidsteers				
Loaders				
Dozers				
Road Graders				
Scrapers				
Installing water/sewer lines				
Constructing block retaining walls				
Driving pickup truck w/ Trailers				
Welding				
Engine Mechanics				

Personal References

List below the names and telephone number of three work/business references not related to you and not former supervisors. All individuals listed may be asked to appraise your character, ability, experience, personality, and other qualities.

Name: _____ Occupation: _____

Home Phone: _____ Business Phone: _____

Business Name: _____

Years Known: _____ Relationship: _____

Name: _____ Occupation: _____

Home Phone: _____ Business Phone: _____

Business Name: _____

Years Known: _____ Relationship: _____

Name: _____ Occupation: _____

Home Phone: _____ Business Phone: _____

Business Name: _____

Years Known: _____ Relationship: _____

Applicant Acknowledgment

I certify that my statements in this application were completed by me, that they are true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may be cause for termination. I authorize the company, at the time of my application for employment, to obtain information verifying education, work history and character as it relates to the position for which I am being considered.

Applicant Signature _____ Date _____

CDL Drivers ONLY

Name: _____

Date of Birth: _____ Social Security: _____

List all additional residences to the one listed in the previous section, to account for the previous 3 years. *Use additional sheets as necessary:*

Mailing Address: _____
Address City State Zip Code

Mailing Address: _____
Address City State Zip Code

Mailing Address: _____
Address City State Zip Code

Employment History

CDL Drivers must provide 10 years (if applicable) of Driver's Experience. If the previous section was not sufficient to provide 10 years, please include the additional information below.

Employer: _____

Address: _____

Supervisor /Office Contact: _____

Email: _____ Phone: _____

Start Date: _____ End Date: _____

Duties/Equipment Operated: _____

Reason for Leaving: _____

Employer: _____ Supervisor: _____

Start Date: _____ End Date: _____ Phone: _____

Address: _____

Duties/Equipment Operated: _____

Reason for Leaving: _____

CDL Drivers ONLY

CDL License

1. How many years have you held a CDL license? _____ Expiration Date: _____
License#: _____ State: _____ Type: _____

List any previous CDL Licenses:

2. Has your license ever been revoked or suspended? Yes _____ No _____
- a) Were you subject to the Federal Motor Carriers Safety Regulations (FMCSR) while employed? Yes _____ No _____
- b) If yes, was the job designated as a safety sensitive function? Yes _____ No _____
3. List any violations or accidents for the previous 3 years: _____

Please help us understand your experience and comfort level with operating a semi-truck and performing mechanic tasks associated with the truck.

4. Are you able to perform your own truck maintenance? Yes _____ No _____
- a. What maintenance tasks are you comfortable performing on your own? _____
- _____
- _____
5. Are you able to perform mechanical work on the truck? Yes _____ No _____
- a. What type of mechanical work are comfortable performing on your own? _____
- _____
- _____
6. Are you experienced in dumping end dump trailers? Yes _____ No _____
7. Are you experienced in loading/unloading equipment on lowboy trailers? Yes _____ No _____

CDL Driver Acknowledgment

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge. I understand that any falsification or omission of information may be cause for termination. I authorize the company, at the time of my application for employment, to obtain information verifying education, work history, safety history and character as it relates to the position for which I am being considered.

CDL Driver Applicant Signature _____ Date _____